

Procedure Update Webinar



February 29, 2016
1:00 – 3:00 CST



NAVAGATING Adobe Connect



AGENDA

- ❖ Acceptable Proofs – Address, Identity, Income
- ❖ Formula Change Update
- ❖ New Appointment Types
- ❖ Assessing Adjunct Income Eligibility
- ❖ Notices of Ineligibility & Termination – Follow up
- ❖ Help Desk Hints
- ❖ Upcoming Webinars
- ❖ Other





Acceptable Proofs

ADDRESS

ACCEPTABLE PROOF

✂ **Notice of Action** (mailed/viewed on-line)

- **Physical mail** – sent to your street address
- **Physical mail** – showing your service address
- **On-Line mail (showing service address)**
Utility bill, cable bill, lease, property tax statement, appraisal form, mortgage receipts
- **Map** – showing location for rural addresses that only use PO boxes and do not have any of the above proofs
- **Migrant card/Migrant Health Card**

JOURNEY

Mail (Postmxd env or Card w/current addr)
Utility or other bill showing service address
Notice of Action - DHHS
Pay stub
Rental Agreement
Rent or Mortgage Receipts
Written statement from landlord
Other (In Notes/Scanned)
Address Confidentiality Program
Map - Rural Areas Only
Migrant Card/Migrant Health Card
Affidavit

Address

ACCEPTABLE PROOF

JOURNEY

✓ **Notice of Action** (mailed/viewed on-line)

- **Physical mail** – sent to your street address
- **Physical mail** – showing your service address
- **On-Line mail (showing service address)**
Utility bill, cable bill, lease, property tax statement, appraisal form, mortgage receipts
- **Map** – showing location for rural addresses that only use PO boxes and do not have any of the above proofs
- **Migrant card/Migrant Health Card**

Mail (Postmxd env or Card w/current addr)
Utility or other bill showing service address
Notice of Action - DHHS
Pay stub
Rental Agreement
Rent or Mortgage Receipts
Written statement from landlord
Other (In Notes/Scanned)
Address Confidentiality Program
Map - Rural Areas Only
Migrant Card/Migrant Health Card
Affidavit

Address

ACCEPTABLE PROOF

✦ **Notice of Action** (mailed/viewed on-line)

- **Physical mail** – sent to your street address
- **Physical mail** – showing your service address
- **On-Line mail (showing service address)**
Utility bill, cable bill, lease, property tax statement,
appraisal form, mortgage receipts
- **Map** – showing location for rural addresses that
only use PO boxes and do not have any of the
above proofs
- **Migrant card/Migrant Health Card**

JOURNEY

Mail (Postmxd env or Card w/current addr)
Utility or other bill showing service address
Notice of Action - DHHS
Pay stub
Rental Agreement
Rent or Mortgage Receipts
Written statement from landlord
Other (In Notes/Scanned)
Address Confidentiality Program
Map - Rural Areas Only
Migrant Card/Migrant Health Card
Affidavit

Address

ACCEPTABLE PROOF

- ✂ **Notice of Action** (mailed/viewed on-line)
 - **Physical mail** – sent to your street address
 - **Physical mail** – showing your service address
 - **On-Line mail (showing service address)**
Utility bill, cable bill, lease, property tax statement, appraisal form, mortgage receipts
 - **Map** – showing location for rural addresses that only use PO boxes and do not have any of the above proofs
 - **Migrant card/Migrant Health Card**

JOURNEY

Mail (Postmxd env or Card w/current addr)
Utility or other bill showing service address
Notice of Action - DHHS
Pay stub
Rental Agreement
Rent or Mortgage Receipts
Written statement from landlord
Other (In Notes/Scanned)
Address Confidentiality Program
Map - Rural Areas Only
Migrant Card/Migrant Health Card
Affidavit

Address

ACCEPTABLE PROOF

JOURNEY

WHAT IS THIS???

**Used for victims of domestic
violence living in shelters**

Mail (Postmkd env or Card w/current addr)
Utility or other bill showing service address
Notice of Action - DHHS
Pay stub
Rental Agreement
Rent or Mortgage Receipts
Written statement from landlord
Other (In Notes/Scanned)
Address Confidentiality Program
Map - Rural Areas Only
Migrant Card/Migrant Health Card
Affidavit

Address

WHAT DO I USE FOR THEIR ADDRESS IN JOURNEY



Signature		*Proof of Residency		Address Confidentiality Program		Affidavit Reason	
Physical Address				Mailing Address (if different than Physical)			
Eff Date 02/24/2016 3 of 3				Eff Date 02/24/2016 1 of 1			
End Date: Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Refugee <input type="checkbox"/>				Add End Date End Date:			
*Address Line 1 Clinic Address				*Address Line 1			
Address Line 2				Address Line 2			
Apt/Suite				Apt/Suite			
P.O. Box				*P.O. Box 1234			
*City Lincoln				*City Lincoln			
*State Nebraska				*State Nebraska			
*ZIP Code 68509 (+4)				*ZIP Code 68509 (+4)			
*County Lancaster				*County Lancaster			

WHAT PROOFS DO I SCAN INTO JOURNEY

Affidavit

Map – Rural Areas Only

Written Statement from Landlord

Other



Acceptable Proofs

IDENTITY



ACCEPTABLE PROOF

- ✓ Notice of Action – if listed as eligible participant
- Photo ID – Drivers license, school, work, military
- Social Security Card
- Birth Certificate
- Medicaid Card
- Passport with picture
- I-94 Card-Refugee
- Marriage License
- Voter Registration Card
- Pay Stub (last 30 days)
- WIC ID Folder – (re-certs only)

JOURNEY

Photo ID - Driver's, Govt, School, Work, Military
WIC ID Folder (recent only)
~~Medicaid Card~~
Staff Saw Earlier in Appointment
Birth Certificate
WIC Infant Enrollment ID Card
Social Security Card
Foster Papers
Custody/Guardianship Papers
Notice of Action
Verbal ID - Case Manager (foster)
Staff Recognition (recent only)
Affidavit - No Proof
Immunization Record NESIIS (Child & Infant)
Paternity Papers
Birth Cert. Worksheet (Infant)
Voter Registration Card
Marriage License
Baptismal Cert. (Infant)
Refugee Card - I94
Other

Identity

ACCEPTABLE PROOF -ADULTS

✓ Notice of Action – if listed as eligible participant

- Photo ID – Drivers license, school, work, military
- Social Security Card
- Birth Certificate
- Medicaid Card
- Passport with picture
- I-94 Card-Refugee
- Marriage License
- Voter Registration Card
- Pay Stub (last 30 days)
- WIC ID Folder – (re-certs only)

JOURNEY

Photo ID - Driver's, Govt, School, Work, Military

WIC ID Folder (recent only)

Medicaid Card

Staff Saw Earlier in Appointment

Birth Certificate

WIC Infant Enrollment ID Card

Social Security Card

Foster Papers

Custody/Guardianship Papers

Notice of Action

Verbal ID - Case Manager (foster)

Staff Recognition (recent only)

Affidavit - No Proof

Immunization Record NESIIS (Child & Infant)

Paternity Papers

Birth Cert. Worksheet (Infant)

Voter Registration Card

Marriage License

Baptismal Cert. (Infant)

Refugee Card - I94

Other

Identity

ACCEPTABLE PROOF - ADULTS

- ✓ Notice of Action – if listed as eligible participant
- Photo ID – Drivers license, school, work, military
- Social Security Card
- Birth Certificate
- Medicaid Card
- Passport with picture
- I-94 Card-Refugee
- Marriage License
- Voter Registration Card
- Pay Stub (last 30 days)
- WIC ID Folder – (re-certs only)

JOURNEY

- Photo ID - Driver's, Govt, School, Work, Military
- WIC ID Folder (recent only)
- Medicaid Card
- Staff Saw Earlier in Appointment
- Birth Certificate
- WIC Infant Enrollment ID Card
- Social Security Card
- Foster Papers
- Custody/Guardianship Papers
- Notice of Action
- Verbal ID - Case Manager (foster)
- Staff Recognition (recent only)
- Affidavit - No Proof
- Immunization Record NESIIS (Child & Infant)
- Paternity Papers
- Birth Cert. Worksheet (Infant)
- Voter Registration Card
- Marriage License
- Baptismal Cert. (Infant)
- Refugee Card - I94
- Other

ACCEPTABLE PROOF - ADULTS

✓ Notice of Action – if listed as eligible participant

- Photo ID – Drivers license, school, work, military
- Social Security Card
- Birth Certificate
- Medicaid Card
- Passport with picture
- I-94 Card-Refugee
- Marriage License
- Voter Registration Card
- Pay Stub (last 30 days)
- WIC ID Folder – (re-certs only)

JOURNEY

Photo ID - Driver's, Govt, School, Work, Military
WIC ID Folder (recent only)
Medicaid Card
Staff Saw Earlier in Appointment
Birth Certificate
WIC Infant Enrollment ID Card
Social Security Card
Foster Papers
Custody/Guardianship Papers
Notice of Action
Verbal ID - Case Manager (foster)
Staff Recognition (recent only)
Affidavit - No Proof
Immunization Record NESIIS (Child & Infant)
Paternity Papers
Birth Cert. Worksheet (Infant)
Voter Registration Card
Marriage License
Baptismal Cert. (Infant)
Refugee Card - I94
Other

Identity

ACCEPTABLE PROOF - ADULTS

- ✓ Notice of Action – if listed as eligible participant
- Photo ID – Drivers license, school, work, military
- Social Security Card
- Birth Certificate
- Medicaid Card
- Passport with picture
- I-94 Card-Refugee
- Marriage License
- Voter Registration Card
- Pay Stub (last 30 days)
- WIC ID Folder – (re-certs only)

JOURNEY

Photo ID - Driver's, Govt, School, Work, Military
WIC ID Folder (recent only)
Medicaid Card
Staff Saw Earlier in Appointment
Birth Certificate
WIC Infant Enrollment ID Card
Social Security Card
Foster Papers
Custody/Guardianship Papers
Notice of Action
Verbal ID - Case Manager (foster)
Staff Recognition (recent only)
Affidavit - No Proof
Immunization Record NESIIS (Child & Infant)
Paternity Papers
Birth Cert. Worksheet (Infant)
Voter Registration Card
Marriage License
Baptismal Cert. (Infant)
Refugee Card - I94
Other

Identity

ACCEPTABLE PROOF – CHILD/INFANT

⚡ Notice of Action

- Birth Certificate
- Medicaid Card
- Social Security Card
- Passport with picture
- I-94 Card – Refugee
- Worksheet Birth Certificate
- WIC Infant Enrollment ID Card
- Immunization record (NESIIS)
- Baptismal Certificate
- Hospital ID Bracelet (must include date of birth)
- Medical discharge papers (must include date of birth)
- WIC ID Folder (re-certs only)

JOURNEY

Photo ID - Driver's, Govt, School, Work, Military

WIC ID Folder (recent only)

Medicaid Card

Staff Saw Earlier in Appointment

Birth Certificate

WIC Infant Enrollment ID Card

Social Security Card

Foster Papers

Custody/Guardianship Papers

Notice of Action

Verbal ID - Case Manager (foster)

Staff Recognition (recent only)

Affidavit - No Proof

Immunization Record NESIIS (Child & Infant)

Paternity Papers

Birth Cert. Worksheet (Infant)

Voter Registration Card

Marriage License

Baptismal Cert. (Infant)

Refugee Card - I94

Other

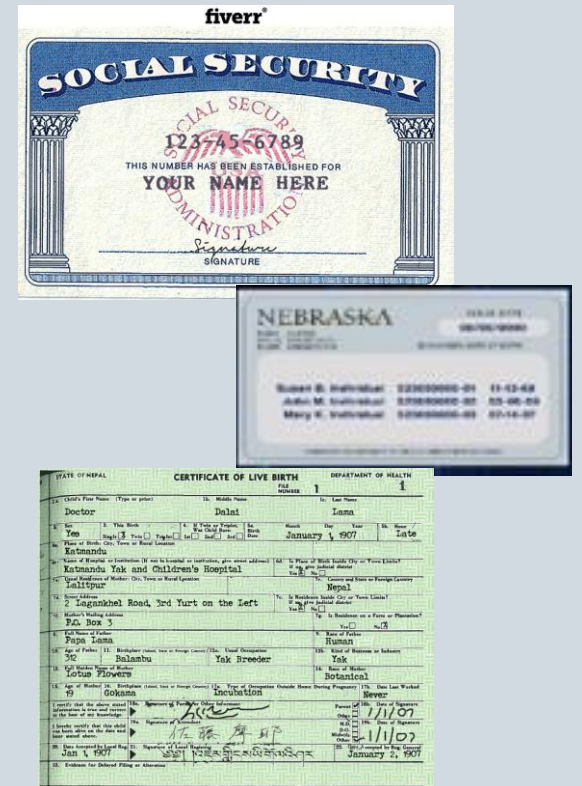
Identity

ACCEPTABLE PROOF –
CHILD/INFANT

JOURNEY



Medicaid Card
Birth Certificate
WIC Infant Enrollment ID Card
Social Security Card
Notice of Action
Immunization Record NESIIS
Birth Certificate Worksheet
Baptismal Certificate
Refugee Card/I94



Identity

ACCEPTABLE PROOF – CHILD/INFANT

⚡ Notice of Action

- Birth Certificate
- Medicaid Card
- Social Security Card
- Passport with picture
- I-94 Card – Refugee
- Worksheet Birth Certificate
- WIC Infant Enrollment ID Card
- Immunization record (NESIIS)
- Baptismal Certificate
- Hospital ID Bracelet (must include date of birth)
- Medical discharge papers (must include date of birth)
- WIC ID Folder (re-certs only)

JOURNEY

Photo ID - Driver's, Govt, School, Work, Military
WIC ID Folder (recent only)
Medicaid Card
Staff Saw Earlier in Appointment
Birth Certificate
WIC Infant Enrollment ID Card
Social Security Card
Foster Papers
Custody/Guardianship Papers
Notice of Action
Verbal ID - Case Manager (foster)
Staff Recognition (recent only)
Affidavit - No Proof
Immunization Record NESIIS (Child & Infant)
Paternity Papers
Birth Cert. Worksheet (Infant)
Voter Registration Card
Marriage License
Baptismal Cert. (Infant)
Refugee Card - I94
Other


Identity

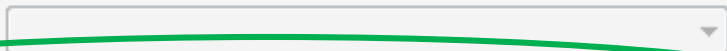
WHEN DO I USE “STAFF SAW EARLIER IN APPOINTMENT “

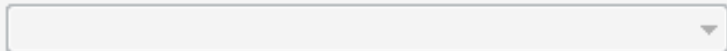


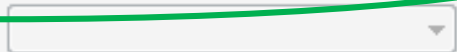
Signature Capture to User

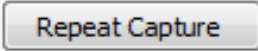

I understand my rights and responsibilities for the WIC Program. I have received a copy.

Signature 

Signee 

Proof Of Identity 

☐ No Signature Available Reason 

9525 Either the signature pad is not plugged in or the INI file is not copied onto appropriate folder

WHEN DO I USE “STAFF SAW EARLIER IN APPOINTMENT “



Signature Capture to User

I acknowledge that I received the following checks: 50698184

Signature

Signee

Proof Of Identity

☐ No Signature Available Reason

Repeat Capture Close

Acceptable Proofs

INCOME



ACCEPTABLE PROOF

Pay stub (paper or electronic)

Tax Forms/1040

Child Support/Alimony

Military LES

Social Security/Retirement/Pension

Disability

Unemployment Letter/Notice

Bank Statement – Savings/Checking

Other

JOURNEY

Medicaid verification

Pay stub (paper or electronic)

Tax Forms/1040

Child Support/Alimony

Military LES

Foster Placement Papers/verification

Notice of Action - DHHS

SNAP verification

Social Security/Retirement/Pension

Disability

Unemployment Letter/Notice

Bank Statement - Savings/Checking

Self Employment documents other than tax forms

Written Statement from employer

Other - document in Note column

Affidavit

Income

What if There is No Proof Available?



NO PROOF - AFFIDAVIT

Zero Income

Paid in Cash

Homeless Individuals

Migrant Families

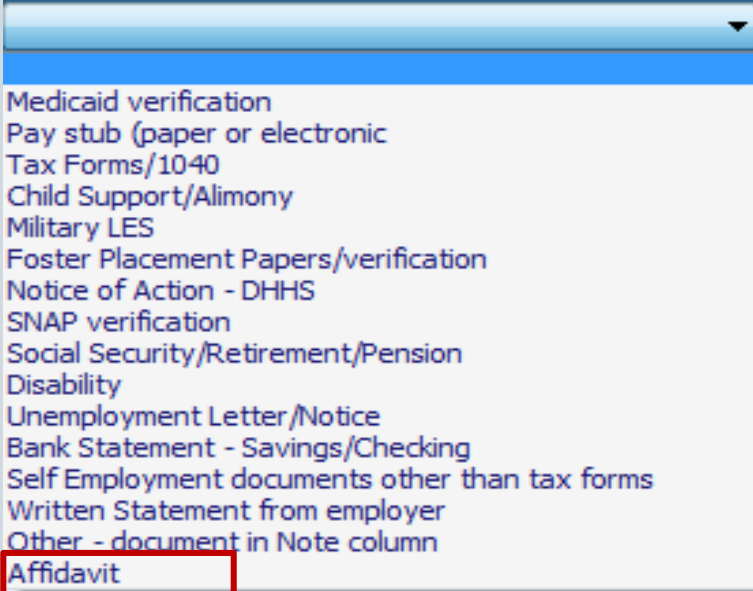
Disaster (tornado, fire, hurricane)

Theft

Living in Abuse Shelter

JOURNEY

Step 1: CHOOSE AFFIDAVIT

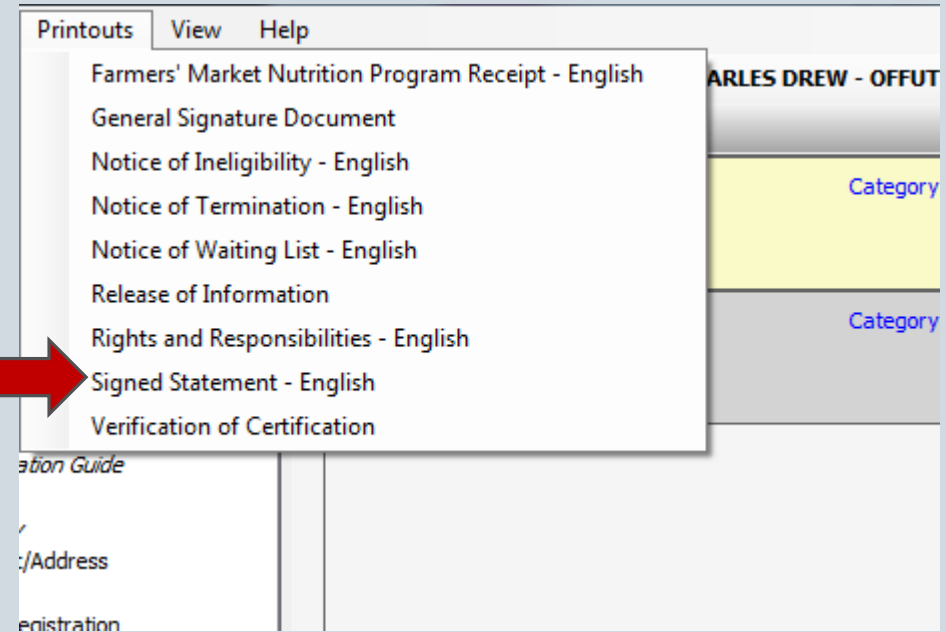


A screenshot of a web application's dropdown menu for selecting an affidavit type. The menu is open, showing a list of options. The 'Affidavit' option at the bottom is highlighted with a red rectangular border. The other options are listed in a standard blue font.

- Medicaid verification
- Pay stub (paper or electronic
- Tax Forms/1040
- Child Support/Alimony
- Military LES
- Foster Placement Papers/verification
- Notice of Action - DHHS
- SNAP verification
- Social Security/Retirement/Pension
- Disability
- Unemployment Letter/Notice
- Bank Statement - Savings/Checking
- Self Employment documents other than tax forms
- Written Statement from employer
- Other - document in Note column
- Affidavit**

NO PROOF - AFFIDAVIT IN JOURNEY

Step 2: Have Participant Complete Signed Statement



The screenshot shows a web application interface. At the top, there are three tabs: 'Printouts', 'View', and 'Help'. Below these tabs is a dropdown menu that is currently open, displaying a list of document options. A red arrow points to the 'Signed Statement - English' option in this list. To the right of the dropdown menu, there is a table with two visible rows. The first row has a header 'CHARLES DREW - OFFUT' and a cell with the text 'Category'. The second row has a cell with the text 'Category'. Below the table, there is a section titled 'Registration Guide' with a table containing columns for 'Address' and 'Registration'.

Printouts	View	Help
Farmers' Market Nutrition Program Receipt - English		
General Signature Document		
Notice of Ineligibility - English		
Notice of Termination - English		
Notice of Waiting List - English		
Release of Information		
Rights and Responsibilities - English		
Signed Statement - English		
Verification of Certification		

CHARLES DREW - OFFUT
Category
Category

Registration Guide
Address
Registration



Nebraska WIC Program - Signed Statement - No Proof

Authorized Rep: Gala A Apple

Family ID# 23490

1



Identity:

I have no proof of Identity because

2



Residency:

I have no proof of residency because

Map for Authorized Situations:

3



Income:

I have no proof of income because

Additional Information needed if zero income is reported:

How do you get food for your family? _____

My household has been without income since _____

I think I will have income starting _____

The information I provided above is correct.

Signature of Participant/Authorized Rep

Date

Authorized Situations Only:

- Rural Towns that only deliver to PO Boxes AND where the family pays none of their own utility bills.



Nebraska WIC Program - Signed Statement - No Proof

Authorized Rep: Gala A Apple

Family ID# 23490

Identity:

I have no proof of Identity because

Residency:

I have no proof of residency because

Map for Authorized Situations:

Income:

I have no proof of income because

Additional Information needed if zero income is reported:

How do you get food for your family? _____

My household has been without income since _____

I think I will have income starting _____

The information I provided above is correct.

Signature of Participant/Authorized Rep

Date



Nebraska WIC Program - Signed Statement - No Proof

Authorized Rep: Gala A Apple

Family ID# 23490

Identity:

I have no proof of Identity because

Residency:

I have no proof of residency because

Map for Authorized Situations:

Income:

I have no proof of income because

Additional Information needed if zero income is reported:

How do you get food for your family? _____

My household has been without income since _____

I think I will have income starting _____

The information I provided above is correct.

Signature of Participant/Authorized Rep

Date

Additional Questions that
MUST be Answered for
Income:

NO PROOF - AFFIDAVIT IN JOURNEY

Step 3:

Scan Completed Form into Journey and Shred the paper form.



Nebraska WIC Program - Signed Statement - No Proof

Authorized Rep: Gala A Apple Family ID# 23490

Identity:
I have no proof of Identity because _____

Residency:
I have no proof of residency because _____

Map for Authorized Situations: _____

Income:
I have no proof of income because _____

Additional Information needed if zero income is reported:
How do you get food for your family? _____
My household has been without income since _____
I think I will have income starting _____

The information I provided above is correct.

Signature of Participant/Authorized Rep _____ Date _____

Policy Change

PHOTOS OF PROOFS ARE ALLOWED



Rules for Using Photos on a Cell Phone

Cannot:
be used for Identity



Rules for Using Photos on a Cell Phone

Must:

Show entire document

Be clear & readable



Questions



Formula Changes

UPDATE

Product Changes Starting March 1st

These products have been discontinued and are no longer shipping from the manufacturer

- Enfamil ProSobee 32 ounce can ready-to-feed
- Enfamil AR 32 ounce can ready-to-feed
- Enfamil Enfacare 32 ounce can ready-to-feed



Enfamil ProSobee 32 ounce RTF



- ❖ Change to 6-packs of 8 oz RTF bottles

This product/size is no longer available

For infants who have medical documentation for, or who require a ready-to-feed product:

Enfamil ProSobee 6-packs of 8 ounce bottles

New model food package



Enfamil AR 32 ounce RTF



❖ Change to 6-packs of 8 oz RTF bottles

This size is no longer available

For infants who have medical documentation for, or who require a ready-to-feed product:

Enfamil AR 6-packs of 8 ounce bottles

New model food package



Enfamil EnfaCare 32 ounce RTF



- ❖ Change to 6-packs of 8 oz RTF bottles

This size is no longer available

For infants who have medical documentation requiring EnfaCare ready-to-feed.

Enfamil EnfaCare 6-packs of 8 ounce bottles

New model food package





March 1st Product Changes

CHECKS WON'T PRINT

- Will not be able to print checks if client has the old food package assigned
- Error message will show on food benefits panel

- 03/01/2016: Food Package 'Enfamil Prosobee (RTF) 0-3 mo Full Formula – (32 OZ) Enfamil Prosobee has no food rule

ASSIGN A *NEW* MODEL FOOD PACKAGE

- Model food packages will include “RTF 6-packs” in the package name
- available in the drop down list

Enfamil Prosobee RTF 6-Packs 0-3 mo full formula ▼

Enfamil AR RTF 6-Packs 0-3 mo Full Formula ▼

Formula and Medical Food Issuance Report

- Run this report to identify clients that are assigned a specific product by month
- Clients that already have checks for 32 ounce product and the product is not available, will need to have checks replaced.
- Work with Julieann and Lisa

*** this report will be useful for formula changes coming in May/June*

Reports

[-] Clinic Services Reports

+ Administrative Reports

+ Assessment and Education Report

+ Breastfeeding Reports

+ Client Services Reports

[-] Food Benefit Reports

FI Activity by Local Agency

Food Package Modification

Formula and Medical Food Issu

No Food Benefits Pickup

Voided FIs that have been Rec

+ Finance Reports

+ Operation Reports

+ System Administration Reports

+ Scheduler Reports

+ Vendor Management Reports

Formula and Medical Food Issuance

Local Agency5 CENTRAL NEBRASKA COMM

Formula/Medical Food(32 OZ) ENFAMIL AR - READY

Start Date03/01/2016

End Date03/31/2016

State TotalsNo

Run for 1 month per report

Can select more than one product

View Report

of

100%

Find | Next

Formula and Medical Food Issuance Report

Print Date: 02/25/2016

03/01/2016 - 04/30/2016

State Totals	# Participants
(32 OZ) ENFAMIL AR - READY TO USE	3
(32-OZ) ENFAMIL PROSOBEE - READY TO USE	2

Local Agency/Clinic	Formula or Medical Food	Person ID	Participant Name	Category	Risk Factors	FDTU	Rx Renewal Dt	Spec Form Reason
5 CENTRAL NEBRASKA COMMUNITY ACTION PARTNERSHIP								# Participants = 1
15 SPENCER								# Participants = 1
	(32 OZ) ENFAMIL AR - READY TO USE	161753	Baby Leap	Infant	425H	03/01/2016		

Product Changes in April

These products have a label change, container change, or have a new container size available.

- Nutramigen Ready-to-feed
- Enfamil Infant Ready-to-feed
- Enfamil Gentlease Ready-to-feed
- Similac Expert Care Neosure Powder
- Similac Alimentum Ready-to-feed



Mead Johnson Products

32 ounce *can* changing to a
32 ounce **BOTTLE**



RTF 6-packs available as an option



** For infants who have medical documentation for or who require a ready-to-use product*

Similac Neosure

OLD LABEL



**LABEL &
NAME
CHANGE
ONLY**

NEW LABEL



Similac Alimentum

OLD LABEL



**LABEL &
NAME
CHANGE
ONLY**

NEW LABEL – SOMETHING LIKE



Product Changes in May

This products is being reformulated by the manufacturer and will require a transition from the current product/food package to the new product/food package.

- Similac Alimentum Expert Care 16 ounce Powder



Similac Expert Care Alimentum 16 oz powder



old

This product is being reformulated

- Can size ↓
- Number of cans participant receives ↑
- Reconstituted amount ↓
- New label
- Slight name change

Not available after June 1st

Similac Alimentum 12.1 oz powder



new

- 12.1 ounce can
- Each can makes 87 fluid ounces of prepared formula
- New scoop size
- Participant gets more cans per month

0-3 months	4-5 months	6-12 months
10	11	8

- New model food packages

Do not issue June checks

- Only issue checks for March, April, May
- 2 month issuance for current clients
- Watch email for detailed guidance, food package information, and staff/client education materials
- Information will be provided in March

All participants with a food package containing 16 oz Alimentum powder will need to have a new food package assigned and verified for June 1st effective dates.

What to do NOW

- ❖ For any participant getting Alimentum powder

We will use this report

Reports

- Clinic Services Reports
 - Administrative Reports
 - Assessment and Education Report
 - Breastfeeding Reports
 - Client Services Reports
 - Food Benefit Reports
 - FI Activity by Local Agency
 - Food Package Modification
 - Formula and Medical Food Issuance
 - No Food Benefits Pickup
 - Voided FIs that have been Rec
- Finance Reports
- Operation Reports
- System Administration Reports
- Scheduler Reports
- Vendor Management Reports

Formula and Medical Food Issuance

Local Agency: 5 CENTRAL NEBRASKA COMM L
Formula/Medical Food: (16-OZ) SIMILAC EXPERT CAR
Start Date: 05/01/2016
End Date: 05/31/2016
State Totals: Yes

1 of 8 | 100% | Find | Next

Formula and Medical Food Issuance Report
05/01/2016 - 05/31/2016

Print Date: 02/25/2016

State Totals	# Participants
(16-OZ) SIMILAC EXPERT CARE ALIMENTUM - POWDER	27

Questions



NEW Appointment Types

EFFECTIVE MARCH 1, 2016

ADD NEW BABY



Use when making appointments for women who are expecting their baby before the next appointment.

FOSTER

Use when making appointments for children and infants moving into or out of a foster home.



Questions



Assessing Adjunct Income Eligibility

Record Dates 02/25/2016 ◄ | 2 | of 2 | ► | + New ✎ Edit ✖ Delete

Import Sources

Check Income Eligibility

Link
[Adjunct Eligibility](#)

Add Row

Remove Row

*Household Size 4

Summary Period ☒ Annual ☐ Monthly Total Income:

Income Determination				
Sources	Proof	Amount	Period	Note

ALWAYS ASSESS ADJUNCT ELIGIBILITY FIRST
USDA REQUIREMENT

Adjunct Eligibility

Adjunct Eligibility						
Participant	Proof	MA(Title ...	MA ID	SNAP	TANF	599 CHIP
▶ Jonathon L Apple	Medicaid Phone/Computer Verification	<input checked="" type="checkbox"/>	123670	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Close

Proof of Adjunct Eligibility for Participants Receiving Medicaid

Import Sources

Check Income Eligibility

*Household Size

Summary Period ☒ Annual ☐ Monthly

Total Income:

Link
[Adjunct Eligibility](#)

Add Row

Remove Row

Income Determination				
Sources	Proof	Amount	Period	
<div>Employment</div> <div>Verbal Income for Adj Eligible</div> <div>Child Support</div> <div>Social Security/Disability</div> <div>Unemployment Compensation</div> <div>Tax Forms - Self Employed/Farmer</div> <div>ADC</div> <div>Foster care</div>				

Source of Income for Participant Receiving Medicaid

Import
Sources

Check
Income
Eligibility

*Household Size

Summary Period



Annual



Monthly

Total Income:




Link

[Adjunct Eligibility](#)

Add Row

Remove Row

Income Determination

Sources	Proof	Amount	Period	Note
 Verbal Income for Adj Eligible	 Medicaid verification Pay stub (paper or electronic) Tax Forms/1040 Child Support/Alimony Military LES Foster Placement Papers/w Notice of Action - DHHS SNAP verification			

Income Proof for Participant Who is Adjunct Eligible

Income

Economic Unit Gala A Apple 1 of 1

Record Dates 02/26/2016 2 of 2 + New Edit Delete

Import Sources

Check Income Eligibility

Link: [Adjunct Eligibility](#)

Add Row

Remove Row

*Household Size 4

Summary Period ☒ Annual ☐ Monthly Total Income: \$18,000.00

Income Determination				
Sources	Proof	Amount	Period	Note
Verbal Income for Adj Eligible	Medicaid verification	\$1,500.00	Monthly	verbal

Use Monthly Total When Entering Income for Participants Who are Adjunct Eligible

Documenting Medicaid

Participant		Proof	MA(Title ...	MA ID	SNAP	TANF	599 CHIP
▶	Jonathon L Apple	Medicaid Phone/Computer Verification	<input checked="" type="checkbox"/>	123670	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Must check BOTH the Medicaid (MA Title..) Box & Fill in the Medicaid Number to Activate Adjunct Eligibility

Close

Questions



Notices of Ineligibility & Termination

FOLLOW-UP

Participants Who Need Notice – No Additional Benefits

- Breastfeeding Women more than 6 months postpartum who STOP Breastfeeding

Participants Who *DO NOT* Need Notice & 15 Days of Additional Benefits

- Participants who are terminated mid-certification:
 - Family members of someone who was found over income during a certification appointment
 - Members of Families who are Disqualified for Program Abuse

Questions



Help Desk Hints

When to contact the WIC Help Desk (Journey)

When to contact the WIC Help Desk:

WIC Help Desk Phone Number: (402) 471-0911 or 1-888-275-2018

WIC Help Desk E-mail Address: dhhs.wichelp@nebraska.gov

1. Problems logging onto Journey

- If you received a pop-up Windows error message stating "Connectivity Problem ... Reason: Remote endpoint could not be found or reached", call the WIC Help Desk immediately.
- If you received an error message stating "'Credentials entered are invalid", your Journey account might be locked due to too many failed login attempts (incorrect passwords). Please visit the DHHS Password Management Station at <https://passman-dhhs.ne.gov/AIMS/PS/> to unlock your Journey account.
- If you forgot your password, visit the DHHS Password Management Station to have your forgotten password reset.
- If you need to change your password, visit the DHHS Password Management Station to have it changed.
- Call the WIC Help Desk if you are still encountering issue(s) after using the DHHS Password Management Station.

2. Problems logging onto computer/workstation

- Contact your local/agency IT

3. Problems with connectivity/Internet

- Contact your local/agency IT

4. WIC Hardware/Equipment problems

- Please refer to the enclosed "NEBRASKA WIC PROGRAM EQUIPMENT SERVICE/REPLACEMENT PROCESS" guide.

5. New User and Remove User Requests

- E-mail the WIC Help Desk

6. Urgent problems/issues when serving WIC clients. For example, could not certify clients, food package problems, checks won't print, printed checks did not look right (MICR font not present or the format is off), connectivity problems at satellite clinics, etc.

- Call the WIC Help Desk

7. Non-urgent problems/issues. For example, ad-hoc report request, merge/combine duplicate IDs request, general Journey questions or concerns, etc.

- E-mail the WIC Help Desk

When to contact the WIC Help Desk (Journey) (cont.)

NEBRASKA WIC PROGRAM EQUIPMENT SERVICE / REPLACEMENT PROCESS

All equipment below is used in either stationary or satellite agencies/clinics. Whenever a piece of equipment fails in any manner the below process should be followed to determine the problem and provide a resolution

Equipment	Responsible for Support	Under Warranty	Process for Service or Replacement of Equipment
Desktop Computer	Agency	Y	<ul style="list-style-type: none">• Contact WIC Help Desk to troubleshoot problem occurring• If determined that computer needs service<ul style="list-style-type: none">○ Agency will contact Dell and schedule service
Desktop Monitor	Agency	N	<ul style="list-style-type: none">• Contact Agency IT support• If determined that monitor has failed<ul style="list-style-type: none">○ Agency responsible for replacement of monitor
Desktop Mouse	Agency	N	<ul style="list-style-type: none">• Contact Agency IT support• Agency responsible for replacement of desktop mouse
Desktop Keyboard	Agency	N	<ul style="list-style-type: none">• Contact Agency IT support• Agency responsible for replacement of desktop keyboard
Desktop Software (Journey / Windows)	Agency	N	<ul style="list-style-type: none">• Contact WIC Help Desk to troubleshoot problem occurring• Depending on issue<ul style="list-style-type: none">○ WIC Help Desk will either help resolve problem or direct you to work with agency IT support to resolve problem
Laptop	Agency	Y	<ul style="list-style-type: none">• Contact WIC Help Desk to troubleshoot problem occurring• If determined that laptop needs service<ul style="list-style-type: none">○ Agency will contact Dell and schedule service
Laptop Power Supply	Agency	Y	<ul style="list-style-type: none">• Contact WIC Help Desk to troubleshoot problem occurring• If determined that power supply has failed<ul style="list-style-type: none">○ Agency will contact Dell and schedule service
Toners for All Printers	Agency	N	<ul style="list-style-type: none">• Agency responsible for purchase and replacement of all Printer toners

When to contact the WIC Help Desk (Journey) (cont.)

Equipment	Responsible for Support	Under Warranty	Process for Service or Replacement of Equipment
Carrying Cases for Printers	Agency	N	<ul style="list-style-type: none"> Agency responsible for purchase and replacement of all Printer Carrying Cases
Laptop Bag	Agency	N	<ul style="list-style-type: none"> Agency responsible for purchase and replacement of Laptop bag
Laptop Wireless Mouse	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk <ul style="list-style-type: none"> Replacement mouse will be shipped to agency
USB Hub	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk <ul style="list-style-type: none"> Replacement USB hub will be shipped to agency
USB Cables	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk <ul style="list-style-type: none"> Replacement USB cable will be shipped to agency
Troy MICR Printer	State	Y	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Troy MICR Printer has failed <ul style="list-style-type: none"> Replacement Troy MICR Printer will be shipped to agency Agency will ship back to State the broken Printer
HP Laser Printer	State	Y	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that HP Laser Printer has failed <ul style="list-style-type: none"> Replacement Laser printer will be shipped to agency Agency will ship back to State the broken Printer
Brother Printer	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Brother Printer has failed <ul style="list-style-type: none"> Replacement Brother printer will be shipped to agency Agency will dispose of broken Printer
Stationary Scanner	State	Y	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Stationary Scanner has failed <ul style="list-style-type: none"> Replacement scanner will be shipped to agency Agency will ship back to State the broken Scanner
Portable Scanner	State	N	<ul style="list-style-type: none"> Contact WIC Help Desk to troubleshoot problem occurring If determined that Portable Scanner has failed <ul style="list-style-type: none"> Replacement scanner will be shipped to agency Agency will dispose of broken scanner

What to do when needing to change/update Date of Birth

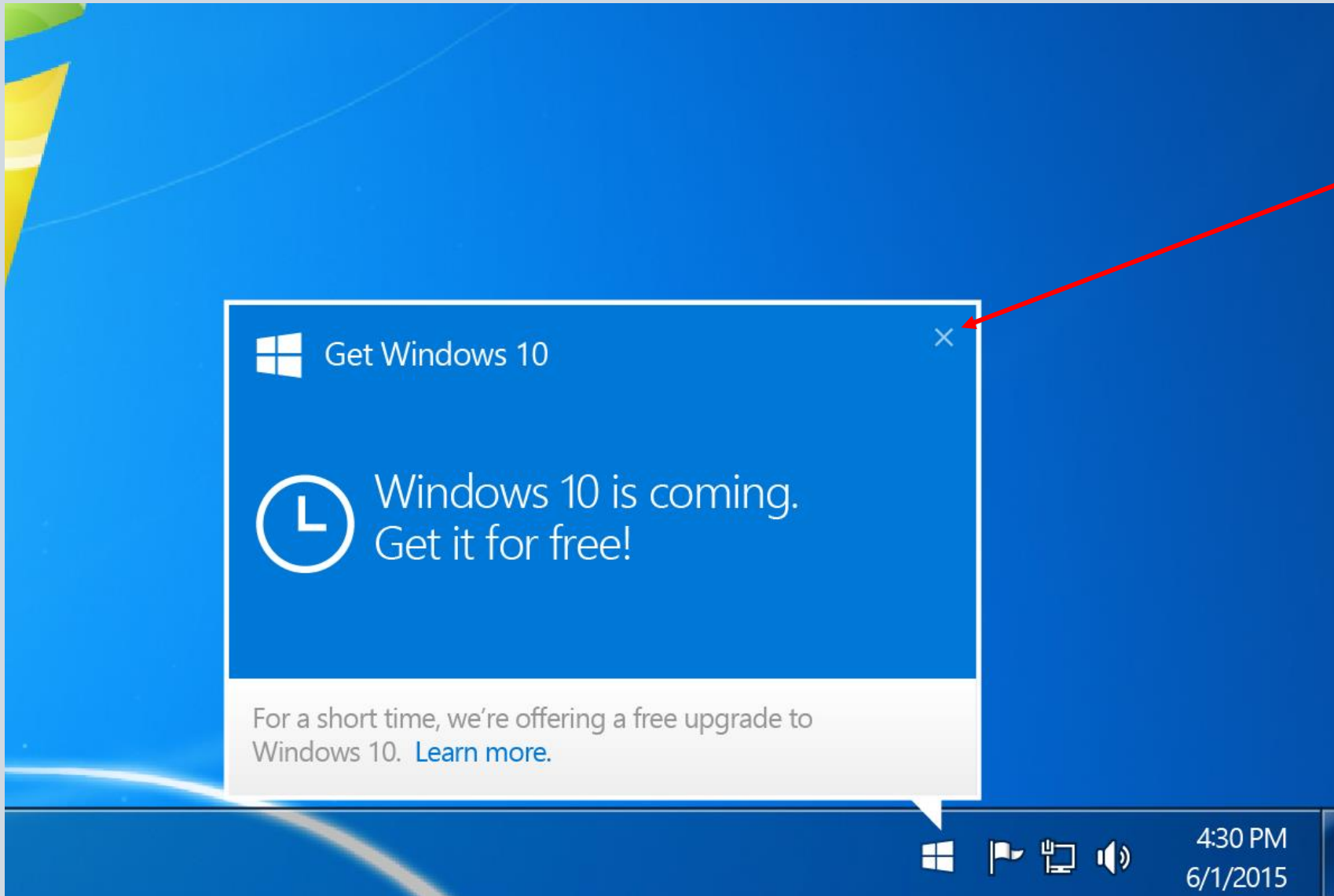
INFANTS OR CHILDREN

1. Identify what the actual birth date is
2. Create a new participant in the same family.
You may have to include/omit a middle initial
3. Carry over all data from old participant into the new participant
4. Certify new participant
5. Send email to dhhs.wichelp@Nebraska.gov with the old participant ID (The one with the wrong birth date), the new participant ID(The one with the correct birth date), family ID, and the reason there is two ID's

ALL OTHERS

1. Identify what the actual birth date is
2. Send email to dhhs.wichelp@Nebraska.gov with the correct birthdate, family ID, and participant ID.

Windows 10 Upgrade Notification (on Satellite Laptops)



DO NOT proceed and upgrade/
install Windows 10 !!!

Just click on the "X" to close it

Questions



Upcoming Webinars

SAVE THE DATES

FUTURE TRAINING



Date	Time (CST)	Tentative Topics
Spring, 2016	TBD	Overview of Planning for Local Agency Plans (Directors, Coordinators)
June 30, 2016	10:00 – 12:00	TBD
Sept 29, 2016	10:00 – 12:00	TBD

Our Journey



Past, Present, Future

WIC & CSFP Conference
Holiday Inn, Kearney NE
April 12-13, 2016

Our Journey



Past, Present, Future

Potential Topics

- ❖ Civil Rights/Cultural Competency
- ❖ Workplace Safety
- ❖ Medicaid/Snap Update
- ❖ CPA Special Formula Update
- ❖ Asking Hard Questions
- ❖ Journey Reports
- ❖ Internet Safety/Confidentiality
- ❖ World Cafe
- ❖ Celebrating Our Journey Past, Present, Future

Remember to Send in your Registration Form

2016 WIC & CSFP Conference Registration Form

RETURN BY MARCH 10, 2016

Local WIC/CSFP Agency Name:	Name:
	Individual Work Email Address:

Title/Job Position - Please check one

WIC Program:

- ☐ Director/Coordinator
- ☐ Clerk/Support Staff
- ☐ CPA
- ☐ Vendor Manager
- ☐ Breastfeeding Peer Counselor
- ☐ State WIC Staff
- ☐ Other

CSFP Program:

- ☐ Director/Coordinator
- ☐ CSFP staff
- ☐ Other

Plated Lunch Options (Tuesday) - Choose one:

- ☐ Sherry Glazed Chicken (with mashed potatoes)
- ☐ Pasta Primavera (pasta & roasted vegetables)

Mail this registration Form & \$120 Registration
Fee by March 10, 2016 to:

Barb Packett
WIC/CSFP Annual Meeting Registration
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509-5026

Make checks payable to:
CASHIERS OFFICE

Our Journey



Past, Present, Future

Thanks for attending

REMEMBER TO COMPLETE THE ATTENDANCE POLL BEFORE
LOGGING OUT